

## Application for a CHANGE in Family Child Care License or Residential Certificate

**Note:** It may take up to 60 days to process your **completed** application, or 90 days if FBI fingerprint clearances are required. An application is considered complete when **all** required items have been received by the Bureau.

### SECTION A. IDENTIFYING INFORMATION:

Provider Type: ☐ Licensed Family ☐ Residential Certificate

Applicant Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Program Name: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

(Complete only if your child care program has a name, in addition to your own name.)

Mailing Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Interpreter's Name (if applicable): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Food Program Sponsor (if applicable): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

# of **unrelated** children you currently care for: \_\_\_\_\_

(The Bureau does not regulate providers who only care for related children.)

### SECTION B. CHANGE REQUESTED & DOCUMENTS REQUIRED:

Mark all that apply, and include all required documents listed under the change(s) you are requesting.

#### 1. ☐ Change of Category

Current Category: \_\_\_\_\_ Residential Certificate \_\_\_\_\_ Licensed Family

Desired Category: \_\_\_\_\_ Licensed Family \_\_\_\_\_ Residential Certificate

\_\_\_\_\_ Copy of current fire clearance.

\_\_\_\_\_ Completed CBS/MIS Consent & Release of Liability form for any new caregivers, if you are adding one or more additional caregivers with this change.

\_\_\_\_\_ Copy of Written Policies & Procedures and Emergency & Disaster Plan (if changing from RC to Licensed).

\_\_\_\_\_ Documentation of attendance at provider orientation within the past 6 months (if changing from RC to Licensed).

\_\_\_\_\_ \$25 fee, only if the licensee or certificate holder has not paid fees within the past six months, based on the date of the "Paid" stamp on their application. Or,

\_\_\_\_\_ \$25.00 fee, only if the provider has had more than two license changes during their current licensing year, or has not paid a licensing fee within the last six months.

#### 2. ☐ Increase or Decrease in Your Licensed Capacity

\_\_\_\_\_ Copy of current city business license or receipt verifying application. (Contact your city/county to obtain this license.)

\_\_\_\_\_ Copy of current fire clearance. (Contact your local fire authority to obtain this clearance.)

\_\_\_\_\_ Requested increase in total capacity: \_\_\_\_\_ (This request may not conflict with local ordinances.)

Approved increase: \_\_\_\_\_ (Leave blank – determined by Licensing)

\_\_\_\_\_ Requested decrease in capacity: \_\_\_\_\_

\_\_\_\_\_ \$25.00 fee, only if the provider has had more than two certificate/license changes during their current licensing year, or has not paid a licensing fee within the last six months.

3. ☐ **Change of Licensee or Certificate Holder Name**

Previous Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Reason for Change: ☐ Divorce ☐ Marriage ☐ Business Name Change

☐ Other: \_\_\_\_\_

☐ \$25.00 fee, only if the provider has had more than two license changes during their current licensing year.

4. ☐ **Deemed Status (for nationally accredited providers)**

☐ Request for Initiation of Deemed Status.

☐ Request for Continuation of Deemed Status. (Include copy of your current accreditation certificate).

Date of scheduled exit interview with accrediting agency: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Your Licenser will attend this.)

☐ Copies of inspection reports and recommendations, and progress reports for all corrective actions underway or completed in response to the accrediting agency's or the Department's recommendations.

Date of last accreditation: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Relinquishment of Deemed Status. Date relinquished: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION C. CERTIFICATION OF UNDERSTANDING:**

I understand that this document serves as the formal request upon which a licensing decision will be based. I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect any part of the home, property, and premises without a warrant at any reasonable time.
2. Review child care documents.
3. Interview caregivers, children, employees, household members and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application. I do hereby state that, based on my best information and belief, that neither myself, any employee or volunteer in my child care program, or any individual residing in my home has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date

**Mail completed application, fees, and all required application documents to:**

Bureau of Child Care Licensing, North Region  
189 South State Street, Suite 200  
Clearfield, UT 84015

Phone: (801) 525-1400  
Toll Free: 1-800-883-9375  
Fax: (801) 525-1412